mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	
County Kent	Registration Dist. No. 203
Village or City Pock Hall -	NoSt.,Ward Markith occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Stollburko	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Zenne	amed. Boden
(a) Residence: No. 10 St. Mumber (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Essex 4. color or race 5. single, Married, WIDOWED, or Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of	Till Prouve 19
5. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:30Am.
Stellborn 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
1 9 Trade profession or particular	Bremature bill -
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	4
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and spent In this	[months!
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spant In this occupation waar)	
12 -19100 m. 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	4
13. NAME Fare Soden 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mother : Rock Hall, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place rlynation Date Ip //, 1930	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way ralated to occupation of deceasad?
(Address)	If so, specify
20, FILED 9/12 19.33 Mrs. 7. 13. Amrdin	(Signed) (Signed) M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Kent.	CERTIFICATE OF DEATH
	92-05) Registration Dist. No. 300
Village or City Millington (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Thorage 1 Drown	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Sent 99
male Colored WIDOWED. Wadner OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may , 1858	64-25 133 10 844 27 133.
(Month) (Day) (Year)	that I last saw h and alive on
7 AGE If LESS than I day hrs.	
75 yrs. mos. ds. or min.?	milias Steras
B OCCUPATION (a) Trade, profession or Labour. particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Chesternel (, md.	Contributory Secondary (Duration) yro
110 NAME OF 6 /	(Signed) M. D.
FATHER Horace Brown.	241-39 1983 (Address) Once
OF FATHER (State or country) 12 MAIDEN NAME O O O O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Elbert.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER Md.	At place of death yrs mos ds. In the State yrs mos ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Solls. Mg.	millington, md. Sept. 30, 1, 33
Filed Seff 19 192) An Property Registral	DUNDERTAKER Toling Holm Millington M
If more blanks are needed, address tate Registrat	r, & W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever; write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EAST, ARBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles ; not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA.

ANGIN RESERVED FOR BINDING	-WRITIN PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
2	HIS	be	be	Jo
SELL VE	NK-TI	plnods	it may	n back
TATE OF	ING II	AGE	o that	tions o
TIP ATE	INFAD	pplied.	erms, s	instruc
)	ITH L	lly su	plain t	See .
	*	refu	in	ant
_	INLY,	be cal	EATH	import
	PL	Profild	S. C.	s very
	ELL	no	SE	Z
	-WR	mati	CAL	TIO

B.—WRITE

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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	9143
1. PLACE OF DEATH County	Registration Dist. No. 20	2
Village or City Worlow	No. St.	Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME Emma Soulail !	death occurred in a hospital or institution, give its NAME instead of street and nu	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word) Thanked 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word)	21. DATE OF DEATH 9 2 2 (Month) (Day)	193 3 (Year)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at . 7 . m.	eceased from 1933 death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato decased last worked at this occupation (month and separation this securation this securation this securation (month and securation (month and securation this securation this securation this securation (month and securation this securation this securation this securation this securation this securation (month and securation this security this	were as follows:	Date of onset Refer 7
work was done, as SILK MILL, SAW MILL, BANK, etc	Other Coutributory Sauses of importance:	los X
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an aut	opsy?
15. MAIDEN NAME DARKIEL CEEN 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT DARKIEL CEEN 18. MAIDEN NAME DARKIEL CEEN 18. MAIDEN NAME DARKIEL CEEN 19. MAIDEN NAME DA	23. If doath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
18. BURIAL, CREMOTIAN, OR REMOVAL Place Date Sept 34, 1933	Manner of injury Nature of injury	
19. UNDERTAKER (Addrass) Chestertown by 2 20. FILED Sept 23, 1933 2 7 7 2 Sept 23. Registrar.	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09144
1. PLACE OF DEATH	82-0)
County Kent Co	Registration Dist. No. 202
Village or City Transfer	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
0 . 0 . 01	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Claring Carroll	0
(a) Residence: No. Chestus Place of aboute)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SHIGH, MARKED, WIDOWED, OR DATORCED (write the word)	21. DATE OF DEATH
Widowed	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Perse Carroll	22. HEREBY CERTIFY That I attended deceased from
1070	Aug. 28, 1933 to Dept. 15., 1953
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw h aliva on 19.33; death is said to have occurred on the date stated above, at 4.4m.
54 Webser I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	were as follows . Data of onset -
8. Trade, profassion, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEPER, etc	1/23,33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and this oc	
10. Date dacassed last worked et this occupation (month and 1930) 11. Total time (yaers) spent in this occupation 404	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	carline deferences to turney
13. NAME Clex Starling 14. BIRTHPLACE (city or town) Kent Prop	
14. BIRTHPLACE (city or town) Kent P.	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or town Kink C.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town (State or country)	Accident, suicide, or homicide? Date of injury, 19
- (State of Country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chestertoun Date Sept. 1719 33	Nature of Injury
19, UNDERTAKER Chief Chief	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chesterton Md.	If so, specify
20, FILED Sept 16 79 33 W J Sticks	(Signed) M. D. (Lichmond) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

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should state

Exact statement of OCCUPA-

properly classified.

RD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Leut -	Registration Dist. N
Village or City near Warlox	No. Worton RN
	If death occurred in a hospital or institution, give its NAME instead
	ds. How long in U.S. if of foreign birth?y
2. FULL NAME	accor.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give cit:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Trusk White marced.	(Month)
5a. If married, widowed, or differed HUSBANO of	22. / LHEREBY CERTIFY. Th
(or) WIFE of John Carles	19 28 to Les
6. DATE OF BIRTH (month, day, and year) Classel - 11. 1860	I last saw h. A affive on Acfas . 13
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 6 3 1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of im were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Alle
SAWYER, BOOKKEEPER, etc.	pisacies Mille
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Cstata or country) 13. NAME 14. NAME 15. NAME 16. Coccupation 17. Coccupation 18. NAME 18. NAME 19. Coccupation 19. Cocc	
(Stata or country)	
13. NAME John Duyen.	
14, BIRTHPLACE (city or town)	Name of operation
	What test confirmed dlagnosis?
15. MAIOEN NAME Videan Holden 16. BIRTHPLACE (city or town) Cicil County	23. If death was due to external causes (VIOLENCE) fill in als
15. MAIOEN NAME Sidian Holden 16. BIRTHPLACE (city or town) Cicil County (State or country) 17. INFORMANT CASMATION OR REMOVAL	Accident, suicide, or homicide? Date of Where did injury occur?
1 1 Partie	(Specify city or town, a Specify whether injury occurred in INOUSTRY, in HOME, or
17. INFORMANT (Address) Worldon LR	Specify whether injury occurred in Proopsint, in Home, or
	Manner of injury
Place Still Port Cemetry Oats Sept. 16, 19 9.	Nature of injury
19. UNDERTAKER Mawin, b. Williams,	24. Was diseasa or injury in any way related to occupation of
(Address) Christistoim Myd.	If so, specify
20, FILED Selet W. 1933 Tr J. Theke	(Signed)

09145

	Registration	Dist. No	202	
No. Mortan	RN		t.,	_Ward
ds. How long in U.S. if of				ds.
ten	oroign onthice as			
wor				
St.,Ward.	If nonresident	give city or tov	vn and State	
MEDICAL CE	RIFICATE	OF DEA	TH	
21. DATE OF DEATH	1.4	116		
	(Month)	(Day)	, 193_	(ear)
22. SHEREBY	CERTIF	Y. That I att	ended deceas	ed from
I last saw h allive on	defer	/3 ,19	deat	h is sald
to have occurred on the date stated		m.		
The PRINCIPAL CAUSE OF DEATH were as follows:	and related cause	es of importanc		ofonset
11	m	11.7		V- V
vincu	~ //2	um		7.21
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Other Contributory Causes of import	tance:			
***************************************				
Name of operation				
What test confirmed diagnosis?		Was the	era an autops	y?
23. If death was due to external caus	es (VIOLENCE) fil	I in also the fo	ollowing:	
Accident, suicide, or homicide?		Date of injury.	,	19
Where did injury occur?	/C 't '.		16	
Specily whether injury occurred in	(Specify city or INOUSTRY, In HO	ME, or In PUB	LIC PLACE.	
**				
Manner of injury				
Nature of injury				
24. Was diseasa or injury in any wa		ation of deceas	ed?	
If so, specify		1	/	
(Signed)	all,	neil	the.	M. D.
(Address)	Smalle.	Land	> /	24
N. C C D	71.0.1			-

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

TION is very important.

CAUSE OF DE

V. S. No. 1

ATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09146
1. PLACE OF DEATH	93-0
County Kent	Registration Dist. No. 213
Village or Oity Perch Hall	No. St., Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME John R. Casey	
(a) Residence: No. Rock Hall (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (193 3 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of addie 4. Casey	22.   I HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Feb. 14 1870	Vlast saw near alive on 1932; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Dale of one et
Mark was done, as SILK MILL, Street Rail Road SAW MILL, BANK, etc. Street Rail Road	( ) / / / / / / / / / / / / / / / / / /
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2 year	
12. BIRTHPLACE (city or town) Rock Hall (State or country) West Co. 2md	Other Contributory Causes of Importance:  - This me Myocardellos
13. NAME Charles J. Casey	(Alexa Solerous)
14. BIRTHPLACE (city or town) Cuch Hall (Stata or country) Kent Co, and	Name of operation Date of
15. MAIDEN NAME Many Hadaway	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Rock Hall (State or country) Vent Co., Ind.	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT addie 9. Caray (Address) Rock Hall, Mot.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Lesley Chapelpate Lept 61, 19.33	Manner of injury
19. UNDERTAKER James H. Good and.	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Sefet 6 , 1933 Mrs. 7. B. Durding Registrary	(Signed) Tragel Claude M. D.  (Address) Obeslerla con M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1937	Peritonitis	3 days ago
	11	o.	
Other contributory causes of importance:	(B)	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroeileritis	1 year
		8 6	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09147
1. PLACE OF DEATH	186-20
County / Cent Co.	Registration Dist. No. 200
Village or City mey heek maryland	NoSt.,Ward
,	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	13. How long in 0.0.11 of foreign bitting.
2. FULL NAME Henry Herringer	
(a) Residence: No. (Usual place of above)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGEE, MARRIED, WIDOWED, OD DIVIDED (write the word)	21. DATE OF DEATH  September 13 ⁷⁵ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aleline Plerringer	22. I HEREBY CERTIFY, That I attended deceased from  August 267 19 33 to 488 1379 1933
6. DATE OF BIRTH (month, day, and year) Nov. 11, 1854	I last saw him alive on leget 13 75 , 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	•
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and	disonic regress ditis
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cardiac in m Spicieury
10. Dato deceased last worked at this occupation (month and spant in this	Potient slipped on floor of his home, and
year) occupation	Other Contributory Causes of Importance: fell , causing frastive cag
12. BIRTHPLACE (city or town) Balls	
(State or country)	Nachured neck of right
13. NAME Yeary Merringer  14. BIRTHPLACE (city or town)	ferrier
4. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
Ξ	Accident, suicide, or homicide? Accident, Date of injury 174 19
O E 16, BIRTHPLACE (city or town) (State or country)	Where did injury occur? Princes Neek
17. INFORMANT Mrs. Ida I lasts (Address) Kent C. Marvland.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Shipping Bolts, 722 Oate 9/14, 1933	Manner of injury fracture of femar
19 UNDERTAKER Chas A. Aladd	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chesterton mil	If so, specify
20. FILED Set 14, 19.33 Mrs TB Insding	(Signed) Ellert a vourgard M. D.  (Address) Rock Hall

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The state of the s	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9148
1. PLACE OF DEATH // 1.0		
County County	(31) Registration Dist. No. 20	<u>ل</u>
Village or City heller flower	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Margaret Riggs		
(a) Residence: No. Chefelerton, Mrd.	St., Ward.	
(Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SHIELD, MARRIED, WIDOWED;	21. DATE OF DEATH	
7. (0 OP DISTORMED (write the word)	Month) (Day)	, 193 3 (Year)
5a. If marriad, widowad, or divorcad HUSBAND of		
(or) WIFE of Walter Miggs	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, dey, and year) Herknesson 1875		; daath Is said
7. AGE Years Months Days tf LESS than	to heva occurred on the date steted above, at	
58 Unknow 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Data of enset
8. Trada, profession, or particular kind of work done, as SPINNER, housewife SAWYER, BDDKKEEPER, etc.	Cove	1 day
9. Industry or business in which		-
work was done, as SILK MILL, SAW MILL, BANK, etc		
a this occupation (month and		-
yeer) occupetion	Other Contributory Causes of importance	of nex
12. BIRTHPLACE (city or town) / Cent (Steta or country)	Chrone 1 Inghts	"Lucas
E 13. NAME David Blake		
13. NAME Wavil Blake 14. BIRTHPLACE (city or town) Kest G.	Name of operation Date of	
(State of Country)	What tast confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Not Knowh  16. BIRTHPLACE (city or town) Kent Co.	23. If death was due to external causas (VIDL ENCE) filt in also the following	g:
16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Dete of injury	, 19
() 1 Of 10 's	Where did injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT Waller Clients (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Juntam man Lynch Dete \$ 26,193.3	Nature of injury	
19. UNDERTAKER Chas Labold	24. Wes disease or injury In eny way releted to occupation of deceased?	hed
(Address) Cheslestons my	If so, specify	
20. FILE Sapt-26, 1933 W & Sticks	(Signed)	M. D.
Registrar.	(Address)	·

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	Name of the last		

STATE	OF	MARYL	AND-	-CERTIF	<b>ICATE</b>	OF	DEATH
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09149

1. PLACE OF DE	ATH Ken	1	46)	Registration Dist. No.	203
Village or City		Hall death occurred 2/3 yrs mos.	No	tion, give its NAME instead of stree	ot., Wa et and number) mos
2. FULL NAME (a) Residence: No	mari	on Spoll	St., Ward.		
		(Usual place of abode)	N-DIGAL G	If nonresident give city or to	
		ICAL PARTICULARS		ERTIFICATE OF DEA	IH
Keur.	LOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 3 (Yeer)
5a/If married, widowed, or of HUSBAND or (or) WIFE of	avol	esl.	22. Que 1 HEREBY	CERTIFY, That at	tended deceased f
6. DATE OF BIRTH (month,	day, and year)	how 7.1858	I last saw h. 27 alive on		9.5.3.; death is
7. AGE Years 74	Months 4	Days If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	d above, at 11.29 p.m. TH and related causes of important	Date of on
9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last this occupation	ne, as SPINNER, KEEPER, etcsin which as SILK MILL, K, etc worked at month and	utireel  11. Total tima (years) spant in this	Carrinou	u D stormer L Giver	l un b
year)	0.0.	erstrung	Other Contributory Causes of Imp	Research	04
13. NAME	ridor 1	Veir /		/	
14. BIRTHPLACE (city (	or town Leile	erstung /	Name of operation	De	eta of
(State or country		1 Germany	What test confirmed diagnosis?	Was th	ere an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city of County)		eve !		Date of injury.	
2 (State or coun!  17. INFORMANT	Mur Ri	ch tell that.	Where did injury occur? Specify whether injury occurred i	(Specify city or town, county n INDUSTRY, in HOME, or in PUB	and State)
18. BURIAL, CREMATION, C	R REMOVAL	Date 2/7 19.33	Menner of injury Nature of injury		
19. UNDERTAKER(Address)	Charles	20 town	24. Was disease or injury in any v	vay related to occupation of decea	sed?
20. FILED STORE 1	5, 1923 The	V. T. B. Durding Registrar,	(Signed) (Address)	Ruch Hall	and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ngo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GeMicroes	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09151
1. PLACE OF DEATH	(31) ·
County Kent	Registration Dist. No. 20
Village or City Still Fond	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
01 1.0	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles C of o	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write-the word)  The state of the state	21. DATE OF DEATH Sept 20 70 193 33
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of anna Hora	22. I HEREBY CERTIFY That I ettended deceased from
1 1.	, 19 to
6. DATE OF BIRTH (month, day, and year)  7. AGE / Years / Months Days If LESS than	I last saw h Amalive on 1973; death Is said
Ol Pro-11 611 lay,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Was a dated, Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1-2-37
4 9 Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
- I Spontin this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	represent porte 14-33
(State or country)	plant Complications
13. NAME alexander Ford  14. BIRTHPLACE (city or town) maryland	
	Neme of operation Date of
(State or country)	What test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME KNARY & Jones	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) With fluid (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Still Porch 20	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Still Parid Date Sept 220 33	Nature of Injury
19. UNDERTAKER BROKENSTERNING (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Sep 2 1933 Melach Registrar.	(Signed) CIR W. Or C. M. D.  (Address) Kauredyrille.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of tore, factory, mill, etc., as processy store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	b- {		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PHYSICIANS should state

of OCCUPA-

Exact statement

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19152)
County Court	Registration Dist. No. 202
Village or City Chestertoun, Mot. J.C.	No. St. Ward
Length of residence in city or town where death occurred Cologish 4 mg	death occurred in a hospital or institution, give its NAME instead of street and number)
60. 24.1	and the state of t
2. FULL NAME Olvira Vilmore New	
(a) Residence: No	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Sife. 8 193.3
5a. If married, widowed, or divorced	(Month) (Day) (Tear)
(W) WIFE of W. Norsey Nenes	22.   HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and vote) Chart 11 1903	for fredecil Others and 19.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/2 45 m.
29 1/ 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	asphort where from fell fine.
9. Industry or business in which	Drowning and re - Sett8.
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	garatation of food, 1420
O 10. Date deceased last worked at this occupation (month and yaar)	decidental.
12. BIRTHPLACE (city or town) Wash Griginia	Other Contributory Causea of Importance:
13. NAME Verry & Silvery  14. BIRTHPLACE (city or lown) Subscious	
14. BIRTHPLACE (city or lowy) - Sluthwown	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was thara an au'opsy?
I 15. MAIDEN NAME of va paplen	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME va Caplen  16. BIRTHPLACE (city or town) Linknown  (State or country)	Theredia figury dealer house the finite for the first
17. INFORMANT Mas Suce to ilking Vines. (Address) 2 700 Black M. Colort St. Dalto, Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 11. Cauli Canalary Date Stept. 11, 1933	Manner of injury
19. UNDERTAKER & Slis Clark Senton Hod.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 16, 19.33 W V SSICKS Registrar.	(Signed Language L. Doll, Care, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

HYSI-Exact classifled certificate properly re be it may be on back hould n terms so that See instructions supplied in pia important. ca BD 0 0 shoul 0 Every item CIAMS sho item

BINDING

FOR

MARGIN RESERVED

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PARENTS

14

PLACE OF DEATH	
County Kent	(2)
illage or City Rock Hall (No	
PERSONAL AND STATISTICAL PARTICULARS	1
Male Black Single, Married, Widowed, OR DIVORCED (Write the word)	16
DATE OF BIRTH	1
Month) (Day) (Year)	th
AGE ,   If LESS than   I day	ar Ti
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (business, or establishment in which employed or (employer)	
BIRTHPLACE (State or country)	
ID NAME OF STATES OF STATES	(S
11 BIRTHPLACE OF FATHER (State or country)  Md.	
OF MOTHER Lawrine Smith	18
13 BIRTHPLACE OF MOTHER (State or country)  M	At of W
THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if Fo
(Informant) Rachel Rochester (midinge	
(1)	

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 213

St.: Ward) (If death occurred in a hospit i or institution, give its NAME i. - stend of street and number.)

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from he CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Durstion) *State the Disease Causing Death, or, In deaths frem Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the place death yrs.....nios..... here was disease contracted, not at place of death? rmer or ual residence BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

7. 8. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it whatever write None. tired 6 yrs, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, et .. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, or At Home, and ehildren, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer,

East chart of Cause of Death—Name, first, the Distant Chart (the primary affection with respect to time and causation, using always the same accepted term for the same diserse. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL peritonitis," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid - probably suicide. Examples: A ceidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cause of causing death), Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on 29 ds.; Bronchopneumonia (secondary), Chronic The nature of the injury, etc. valvular heart Nomenclature Always qualify all The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Hent	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Millington (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME In-
2FULL NAME Margarretta 17.	Tockerman stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flemule White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 9, 1933
6 DATE OF BIRTH  Oct. 6, 1862  (Month) (Day) (Year)	I HEREBY CERTIFY, That I argended the deceased from  1933 to fift 9 1930,  that I last saw has alive on Seff. 9 1920,
70 yrs. // mosds. ormin.?	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 6 mos. de.
9 BIRTHPLACE (State or country) Blockbrid Del.	Contributory Secondary  (Duration) yrs
10 NAME OF Dennis ahen.	(Signed) Merritt Brice M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MIRTHPLACE  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cline allaworth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) mus. Harson Horsey,	Former or usual residence
(Address) millington, Mas	milligton, md. Sept. 12, 19.33
15 Filed Sept 10 192)) Me Brice Registras	John a Tolein Hor millington ma
If more bianks are needed, addres Ltate Registra	r 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or given up on account of the DISEASE CAUSING DEATH ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of oc-," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Stationary fireman, etc. Automobile factory. The material person, irrespective of Locomotive engineer, But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever "the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E-haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid To intercurrent) affection need Chronic etc. valvular heart Nomenclature of the The Always qualify all contributory Measles ; not be disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	of	plu	CCI	1
1	item	shor	O Jo	
	Every	CIANS	ement	
9	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RE		Exa	
NG	LENT	TLY	fied.	
RGIN RESERVED FOR BINDING	RMAL	XAC	classi	
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V. S. No. 1	B.	-	7	5
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County  Village or City  Village or City  Village or City  (If dash occurred in a bergist or institution, give in NAME instead of steets and number)  (If dash occurred in a bergist or institution, give in NAME instead of steets and number)  (a) Residence: No.  Climar place of shock)  PERSONAL AND STATISTICAL PARTICULARS  (In therries Address as givenced (constitution)  (In the principle of shock)  (In the principle of	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09155
Village or City  Length of residence in city or town whoreglesth occurred  (a) Residence: No.  Village or City  Length of residence in city or town whoreglesth occurred  (a) Residence: No.  (b) Historian in hospital or institution, give as NAME instead of states and samples)  (a) Residence: No.  (Chualplace of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SINCE, MARTINE, WROWED, Or BUTCH Countries the world)  (A) COLOR, OR RACE  (B) SINCE, MARTINE, WROWED, Or BUTCH (Countries the world)  (Contribution of the particular of the world)  (Contribution of the wor	1. PLACE OF DEATH	955
Length of residence in city or town wheregreath occurred yes. Months is a hospital for institution, give is NAME instead of street and number)  2. FULL NAME  (a) Residence: No.  (b) Usual place of shocks  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOB, OR RACE  OR DIVORCED furnite has wordy  The REBY CERTIFY, float a justified deceased for (1) shift of work done as SPINNER, Months  SAME Vers  Months  Oys  1 LASS hand  To have occurred on the date stated above, at.  SAME BOOKEERFR, BOOKEERFR	County Class	Registration Dist. No.
Length of residence in city or town wheregeath occurred		
2. FULL NAME  (a) Residence: No.  (Usualphace of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR, OR RACE  5. SINCLE MARKIED, WHOOWED, OR DEATH  (March)  5. H merried fydowed, or-divorced HUSARNIED (WOWED)  (O) Mills of Color, Or RACE  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  1 If LESS than It have courred on the date stated above, at. 4. C. m. hand of the color of the colo		
(a) Residence: No. (Usus place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (centre the word)  5. If merried (widowed, or giverced to your place)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trade, profession, or particular (single of showed)  8. Trade, profession, or particular (single of year)  8. If years  9. On the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows  9. Separitin this solventh in this obversable occupation  10. Data of cases last worked at this occupation (month and year)  10. Data of cases last worked at this occupation  11. BIRTHPLACE (city or town)  (Sale or country)  12. IMPRINCIPAL CAUSE OF DEATH and related causes of importance:  13. Trade, profession, or particular (single of year)  14. BIRTHPLACE (city or town)  (Sale or country)  15. MAIOER NAME  16. AGINESS OF TOWN  (State or country)  17. INFORMANT  (Sale or country)  18. BURTHPLACE (city or town)  (Sale or country)  19. Where did injury occur?  19. Specify whether injury occurred in INOUSTRY, in HOME, or in Public Place.  19. Where did injury occurred in INOUSTRY, in HOME, or in Public Place.  19. Where did injury occurred in INOUSTRY, in HOME, or in Public Place.  19. Was there an aut oppyy.  19. UNOERTAKER  (Address)  19. Workertaker  (Address)  (Address)	m // . 7. /	A state of the sta
PERSONAL AND STATISTICAL PARTICULARS  3. SEZ  4. COLOR, OR RACE  OR DIVORCED (-erric the word)  So. If merried widowed, or givorced HUSBANDS ((%))  (%) (%) (%) (%)  So. If merried widowed, or givorced HUSBANDS ((%))  (%) (%) (%) (%)  (%) (%) (%) (%)  (%) (%) (%) (%)  1. Lest aw h. Solve on the date stated above, at 4. F  The PERICHAL CAUSE OF DEATH and related causes of importance were as following the solve as the stated above, at 4. F  The PERICHAL CAUSE OF DEATH and related causes of importance were as following the solve as the stated above, at 4. F  The PERICHAL CAUSE OF DEATH and related causes of importance were as following the solve as the stated above, at 4. F  The PERICHAL CAUSE OF DEATH and related causes of importance were as following the solve as the stated above, at 4. F  The PERICHAL CAUSE OF DEATH and related causes of importance were as following the solve as the stated above, at 4. F  The PERICHAL CAUSE OF DEATH and related causes of importance were as following:  This occupation (month and pref) (month and pref	2. FULL NAME / Lary Nousa / Colan	<b>Q</b>
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)  5. If merited (widowed, or divorced HUSSANDED) (193 A) (193 A) (194 A) (194 A) (195		
21. DATE OF DEATH    Comparison of the process of t		
OR DIVORCED Carrict his word)  5. If merried (widowed, or givorced MUSSANDER)  6. DATE OF BIRTH (month, day, and year)  7. AGE Vears Months Oays If LESS than 1 day, his have occurred on the date stated above, at. 4 m. The PRINCEPAL CAUSE OF DEATH and related causes of Importance were as follows:  8. Trade, profession, or particular kind of work done, as SPINNER, but the companion of the date stated above, at. 4 m. The PRINCEPAL CAUSE OF DEATH and related causes of Importance were as follows:  9. AGE Vears Months Oays If LESS than 1 day, his have occurred on the date stated above, at. 4 m. The PRINCEPAL CAUSE OF DEATH and related causes of Importance were as follows:  10. Date of work done, as SPINNER, etc.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAJOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMANON, OR REMOVAL  Place. Cause of Importance of Impo		
5. If merried/vidowed, grainviced (april 1988)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than I day.  If day.  In the state of the state	OR DIVORCED (write the word)	Dept. 320 193 3
AUSBANDER (or) WHE of (or) WHE		(Month) (Oay) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 0 ays If LESS than 1 day,hrs. or patitular 2 9 0 1 day,hrs. or patitular 3 8. Trade, profession, or patitular 2 9 0 1 day,hrs. ormin.  8. Trade, profession, or patitular 2 9 0 1 day,hrs. ormin.  8. Trade, profession, or patitular 2 9 0 1 day,hrs. ormin.  8. Trade, profession, or patitular 2 9 0 1 day,hrs. ormin.  10 Days deceased last worked at this occupation month and year)  11. Total time (years) spant in this occupation month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME 14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  17. INFORMANT (Address)  18. BURIAL, CREMANION, OR REMUAL Place. City or town) (Address)  20. Filleo. Suph. J. 1938  21. Was disease or injury in any way related to occupation of fercessed?  22. Was disease or injury in any way related to occupation of fercessed?  23. Was disease or injury in any way related to occupation of fercessed?  24. Was disease or injury in any way related to occupation of fercessed?  25. Filleo. Suph. J. 1938  26. Mainer  27. Was disease or injury in any way related to occupation of fercessed?  28. Was disease or injury in any way related to occupation of fercessed?  29. Filleo. Suph. J. 1938  20. Filleo. Suph. J. 1938  20. Filleo. Suph. J. 1938  20. Filleo. Suph. J. 1938  21. Was disease or injury in any way related to occupation of fercessed?  22. Was disease or injury in any way related to occupation of fercessed?  21. Was disease or injury in any way related to occupation of fercessed?  22. Was disease or injury in any way related to occupation of fercessed?  23. Maior of injury  24. Was disease or injury in any way related to occupation of fercessed?  25. Gallerian  26. Gallerian  27. Was disease or injury in any way related to occupation of fercessed?  28. Was disease or injury in any way related to occupation of fercessed?  29. Fill	HUSBAND OF	22. I HEREBY CERTIFY. That I attended deceased from
TAGE Years Months Oays ITLESS than 1 I day. It has printed and the printed and profession, or particular kind of work done as \$PINNER. However as follows as follows the printed and profession or particular kind of work done as \$PINNER. However as follows as follows as \$PINNER. SAWYER, BOOKKEEPER, etc. However as \$P	Colyman Places Places	Clerg 23 1938 to Sept 31 1933
TAGE Years Months Oays ITLESS than 1 I day. It has printed and the printed and profession, or particular kind of work done as \$PINNER. However as follows as follows the printed and profession or particular kind of work done as \$PINNER. However as follows as follows as \$PINNER. SAWYER, BOOKKEEPER, etc. However as \$P	6. DATE OF BIRTH (month, day, and year) 7 0 1/ 19/60	I last saw her alive on Sept. 3. 19 3 ; death is sale
8. Trade, profession, or particular work done as SPINNER, SAWYER, BOOKKEPER, etc So while the second of the sec		
8. Trade, profession, or particular.  8. Trade, profession, or particular.  8. Adver, Bookkeper, etc.  9. Industry or bosiness in which was done as STINNER, SAWYER, BOOKKeper, etc.  9. Industry or bosiness in which was done as STIK MILL, SAW MILL, BANK, etc.  10. Data decessed last worked at this occupation (month and yeer) occupation.  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURNAL, GREMANION, OR REMOVAL  Place. Calabia: Manual		The PRINCIPAL CAUSE OF DEATH and related causes of Importance
kind of work done, as SPINNER, SAVER, BOOKEPER, etc.  SAVER, BOOKEPER, etc.  Industry or business in which was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOTAL  Place Calabia May Oate  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  19. Where of injury  Nature of injury  19. (Signed)  (Address)  M. Manner of logister.  (Address)	8 Trade profession or particular	Oate of onset
Second   S	kind of work done, as SPINNER, Youanne	Veressal Thrombria 6 de
Second   S	9. Industry or business in which	with Reals Ride
Second   S	SAW MILL, BANK, etc.	- Hadelena
Other Coatribulor Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Calculate  19. UNDERTAKER (Address)  20. FILEO April 1, 1938  21. Other Coatribulor Causes of importance:  Other Coatribulo	0 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this	
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMAKL Place Caladia Employ Oate  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  20. FILEO Sp. 1, 1938  21. INFORMANT (Signed)  22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Specify whether Injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Nature of injury (Signed)  M. Registrar. (Address)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  M. Accident, suicide, or homicide?  Manner of injury  Nature of injury  (Signed)  M. Accident, suicide, or homicide?  Maccident, suic	yeer) occupation	Other Castellater Carres of importance:
(State or country)    13. NAME	12. BIRTHPLACE (city or town) / Cest C.	Other Conditional Control Cont
What test confirmed diagnosis? Was there an au'opsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILEO  FILEO  FILEO  FILEO  FILEO  FILEO  What test confirmed diagnosis? Was there an au'opsy?  What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Oate of injury.  Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of diseased?  (Address)  (Signed)  M.  Registrat.  (Address)		lardes Menal.
What test confirmed diagnosis? Was there an au'opsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILEO  FILEO  FILEO  FILEO  FILEO  FILEO  What test confirmed diagnosis? Was there an au'opsy?  What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Oate of injury.  Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of diseased?  (Address)  (Signed)  M.  Registrat.  (Address)	13. NAME Henry Brankle	
What test confirmed diagnosis? Was there an au'opsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILEO  FILEO  FILEO  FILEO  FILEO  FILEO  What test confirmed diagnosis? Was there an au'opsy?  What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Oate of injury.  Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of diseased?  (Address)  (Signed)  M.  Registrat.  (Address)	I A RIRTHPLACE (city or town)	Name of operation
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMADION, OR REMOVAL Place Creating Contents of the C	(State or country) Maryland	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Chealin cemelar oate	W 15. MAIOEN NAME Sugar Classical	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Chealin cemelar oate	T I C DISTURBANCE OF THE STATE	
Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Calabia Company Oate 7/6, 19.33  19. UNOERTAKER (Address)  20. FILEO Selection Mode (Signed)  Registrat.  (Address)  (Address)  (Specify city or town, county and Siale)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury Nature of injury  19. UNOERTAKER (Address)  (Signed)  (Signed)  (Address)  Manner of injury Nature of injury (Signed)  (Signed)  (Address)	State or country)	
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place Chealin females, Oate   1/6, 19.33   Manner of injury    19. UNOERTAKER (Address)  20. FILEO Sept. 7, 1938 20 4 4 4 6 (Signed)    Registrat. (Address)   Manner of injury    21. Was disease or injury in any way related to occupation of deceased?    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Address)   Manner of injury	0 2 V 2	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Chealis Cemeles, Oate	17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, IN NOME, OF IN PUBLIC PLACE,
Place Chestic Genetary Oate	# Cattata and 1	Manner of Injury
19. UNOERTAKER Okas I World Management of the Company of the Compa		
(Address)  Cheleston Md.  If so, specify  (Signed)  (Address)  M.  (Address)  (Address)  M.  (Address)	01 11/100	
20. FILEO Sufel J., 1938 20 V. Hicks (Signed). Westerland M. Registrat. (Address). M. Registrat.	19. UNOERTAKER ASSOCIATION OF THE STATE OF T	
20. FILEO VIII V , 1958 W Registrar. (Address) Registrar.	(AUUTESS)	
	20. FILEO Suful J , 1938 W & Sticks	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	(82°d)
County Jew	Registration Dist. No.
Village or City Keelulaws	NoSt.,War
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrs
2. FULL NAME of Chestur Wilson.	
(a) Residence: No	St. Ward.
(Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX A. COLOR OR RACE OR DIVORCED (write the word)  SEX OR DIVORCED (write the word)	21. DATE OF DEATH 19 (Day) (Year)
If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Carrie M. Welson.	HEREBY CERTIFY, That Lattended deceased fro
DATE OF PIPTU (March day and was Sept 22 1850	, 19 3 to 2 3 , 19 3
AGE Years Months Days If LESS than	I last saw h alive on
43 11 1 day,hrs	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Holen Fillers, the
9) Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
19. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
Person	Other Contributory Causes of Importance:
BIRTHPLACE (city or town) (State or country)	- Marting I
13. NAME amos Wilson.	
14. BIRTHPI ACE (city or town) Qe.	Moul
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME annie M. Welson.	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) filt in also the following:  Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
INFORMANT Mrs. C. Q. Chevalue (Address)	(Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Kanadowa Date Dept. 71, 193	Nature of Injury.
UNDERTAKER PEDI July	24. Wes disease or injury in any way related to occupation and decased?
FILEDON 20-19 83 W WHICKS	(Signed) Proget 13 leve by

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	A CONTRACTOR OF THE PARTY OF TH	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
10 1 3			
1 / /			

RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09157
1. PLACE OF DEATH	(15)
County Feel	Registration Dist. No. 202
Village or City Chesterloux, Md.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hary Druise Gorker	
(a) Residence: No. 1/9 So. Edice St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH Seft, 13 (Month) (Day) (Year)
5a. If married, widowed, or divorced  WEST WIFE of Commond H. Gorker	22. Sept. 9 1933 to Sept. 3 1935
6. DATE OF BIRTH (month, day, end year) August 15, 1884	i lest saw h elive on Saft ( 7 , 1937 ; deeth is seid
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, et
49 — 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8 Trade profession or particular	Caspepeles (malignent) Oate of oneet
kind of work done, as SPINNER, Housewife	ant survivin of blood
9. Industry or business in which work was done, as SILK MILL,	stream
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked et this occupetion (month and year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Saltimore Jan	Other Contributory Causes of importance:
(State or country) Afgryland	
13. NAME John Pawkine	
13. NAME Thu Nawkins  14. BIRTHPLACE (city or town)  (State or country)  13. NAME  Parkins  Allimore  Hod.	Name of operation Date of  What test confirmed diagnosis? Wes there en au'opsy?
15. MAIDEN NAME Lehknour	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Lehknows Jallimore (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Comment of Gother (Address) 2/9 of Duen St. Considering Mad.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Balls. Md.	Menner of Injury
Place Court Cluberry Corneling Date Stept. 16, 19 33	Nature of Injury
19. UNDERTAKER 6 Blee Glark p	24. Wes disease or Injury In eny way releted to occupetion of deceased?
(Address) Senter Mod.	If so, specify
20. FILED SPITH, 19 33 WILL STREET Registrar.	(Signed) Alexander M. D.  (Address) Chesterland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

6.30 a.m.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	· 1 year
			1